

Arizona Department of Agriculture

Agricultural Consultation and Training



SPECIALTY CROP BLOCK GRANT PROGRAM – FARM BILL (SCBGP-FB)

POST-AWARD WORKSHOP

LISA A. JAMES
GRANT PROGRAM MANAGER

Today's topics



- Grant Award Agreements
- Reporting requirements
- Reporting processes

Grant Award Agreements



SIGNATURE (COVER) PAGE

GENERAL PROVISIONS

SCOPE OF WORK - PROJECT SPECIFIC

CHANGES

AMENDMENTS

Signature (Cover) Page



- Project Title
- Grant Award Amount
- Agreement Effective Date
- Termination Date
- Signatures

Provisions



- Audit of Records (Records Retention) – Page 5
- Project Period – Page 6
- Payments – Page 7
- Unspent Funds – Page 8
- Amendments – Page 8

Scope of Work



- Contact Information
- Deliverables
- Project Summary
- Project Budget
- Work Plan
- Expected Measurable Outcomes

Changes Requiring Notification



- Significant changes to the Scope of Work for the project
- When funds are reallocated within the most recent approved project budget
- Change in Key Personnel
- Leadership change for a period of more than 3 months
- Send an email to the Program Coordinator

Changes Requiring Amendments



- Any change in Scope of Work that affects the termination date and/or the Expected Measurable Outcomes
- Any change in the project budget that cumulatively exceeds **20%** of the original project budget

Amendments



- Change in Scope of Work or Budget:
Submit in writing using the Agreement Amendment form:
Description of the change
Justification for the change
Signature
- Extension of Grant Agreement:
Submit in writing using the Agreement Amendment form no later than 60 days prior to the award expiration date:
Length of additional time required with justification
Summary of progress to date
Estimate of remaining funds
Projected timetable for completion
Signature
- Amendment is executed upon both signatures

**ARIZONA DEPARTMENT OF AGRICULTURE
SPECIALTY CROP BLOCK GRANT PROGRAM
GRANT AWARD AGREEMENT
AMENDMENT**



Arizona Department of Agriculture
Specialty Crop Block Grant Program
1688 W. Adams St.
Phoenix, AZ 85007

SCBGP Grant No. _____

AMENDMENT NO. _____

Grantee Name: _____

Project Title:

Identify the applicable section(s) of the contract that needs to be amended. Describe, in detail, the proposed changes to the contract and provide an explanation for the need for the requested amendment. (Additional pages may be attached if needed).

GRANTEE		DEPARTMENT	
Signature of Authorized Individual	Date	Signature of Authorized Individual	Date
		Donald Butler	
Typed Name		Typed Name	
		Director	
Typed Title		Typed Title	

Reporting Requirements



QUARTERLY REPORTS

REIMBURSEMENT REQUEST

ANNUAL PERFORMANCE REPORT

FINAL PERFORMANCE REPORT

REPORT IDENTIFICATION

Quarterly Reporting



- Budget Report – Appendix A
- Signed Activity Report – Appendix B
- Narrative Report – Appendix C

Budget Report – Appendix A



Arizona Department Of Agriculture
Specialty Crop Block Grant Program
SCBGP-FB10-XX

APPENDIX A

Quarterly Budget Report - (DATE)

Budget Category	SCBGP Budget	Quarterly Expenses Oct. - Dec. 2011	Quarterly Expenses Jan. - Mar. 2011	Quarterly Expenses Apr. - June 2011	Quarterly Expenses July - Sept. 2011	Cummulative Expenses	Budget Remaining
Personnel Expenses							
(Enter position title here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter position title here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Personnel Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Related Expenses (Fringe Benefits)							
(Enter position title here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter position title here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ERE Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel							
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies							
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SuppliesTotal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Professional & Outside Services (Contractual)							
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
P&O Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Operating Expenses							
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Enter description here)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OOE Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Revised 9/20/2010

Budget Changes



- Obtain pre-approval from the Program Coordinator before any funds are reallocated within the most recent approved project budget.
- Amend agreement if cumulative budget change(s) exceed **20%** of the project's original total budget.

Allowable Costs



- State and Local Governments and Indian Tribal Governments - 2 CFR 225 (OMB Circular A-87).
- Colleges and Universities - 2 CFR 220 (OMB Circular A-21).
- Non-Profits - 2 CFR 230 (OMB Circular A-122).
- For Profits - 48 CFR Part 31.2.

Activity Report– Appendix B



**Specialty Crop Block Grant Program
Quarterly Activity Report
SCBGP-FB11-XX
XXX 2011 thru XXX 2011**

APPENDIX B

Month ¹	Activity ²	Hours
(Enter Month)		
(Enter Month)		
(Enter Month)		
Total Hours		0
Total Amount Compensated³		\$ -

Please Certify that these hours were for the Specialty Crop Block Grant Program only

Signature of Employee (Please print this form and sign)

Date

¹Please record SCBGP hours by month

²Provide a general (broad) description of SCBGP activities for the month

³This amount may be zero if wages were paid from a different source for this quarter. However, hours worked on this SCBGP grant must still be certified for this quarter.

Salaries and Wages



- Comply with 2 CFR Part 225, Appendix B, 8
- Based on documented payrolls
 - kept in grantee's files for review by the Grant Program Coordinator and Federal Agency
- Employees who work solely on grant must:
 - support their salaries and wages with a signed "certification" at least semiannually
- Employees who work on multiple activities must support their salaries and wages with activity reports that:
 - include after-the-fact reporting of actual distribution of activities
 - account for total of the employee's compensated activities
 - include the employee's signature
 - prepared at least monthly and coincide with one or more pay periods

Narrative Report– Appendix C



APPENDIX C

Arizona Department of Agriculture
Specialty Crop Block Grant Program (SCBGP)
FFY 2012 Quarterly Report
Grant Award Agreement #SCBGP-FB11-XX

Project Title

(Enter project title here)

Activities Performed

- ☐ Briefly summarize activities performed, targets, and/or performance goals achieved during the reporting period. Whenever possible, describe the work accomplished in both quantitative and qualitative terms. Include the significant results, accomplishments, conclusions and recommendations. Include favorable or unusual developments.
- ☐ Provide a comparison of actual accomplishments with the goals established for the reporting period.
- ☐ Present the significant contributions and role of project partners in the project.
- ☐ Clearly convey progress toward achieving outcomes by illustrating baseline data that has been gathered to date and showing the progress toward achieving set targets.
- ☐ If a target of a project has already been achieved, it is encouraged to amend the outcome measure. This permits the project staff to “stretch” the goals in order to go beyond what they are already doing.
 - a. First Quarter (Oct. 2011 – Dec. 2011) Activities:
 -
 - b. Second Quarter (Jan. 2012 – Mar. 2012) Activities:
 -
 - c. Third Quarter (Apr. 2012 – June 2012) Activities:
 -
 - d. Fourth Quarter (July 2012 – Sept. 2012) Activities:
 -

Problems and Delays

- ☐ Note unexpected delays, impediments, and challenges that have been confronted in order to complete the goals for each project. Explain why these changes took place.
- ☐ Mention the actions that were taken in order to address these delays, impediments, and challenges.
- ☐ Review measurable outcomes to determine if targets are realistic and attainable. An objective that is too stringent should be scaled back and identified in the performance report. Keep in mind that targets may slip due to all kinds of factors, such as employee turn-over and bad weather.
- ☐ In the event that the work plan timeline, expected measurable outcomes, budget, and/or methodology needs to be adjusted, provide an outline of those changes.

Quarterly Reporting Schedule



Reporting Periods

October 1 – December 31

January 1 – March 31

April 1 – June 30

July 1 – September 30

Report Due on or before

January 31

April 30

July 31

October 31

Failure to submit timely reports may result in the forfeiture of payment for that quarter.

Reimbursement Requests



- May be submitted with each quarterly report or less frequently if no expenses have been incurred.
- Must obtain pre-approval from the Program Coordinator before any funds are reallocated within the most recent approved project budget.

REIMBURSEMENT REQUEST



Arizona Department of Agriculture
Specialty Crop Block Grant Program
1688 W. Adams St.
Phoenix, AZ 85007

SCBCGP Grant No. _____

Principal Investigator (PI) Name: _____

Project Title:

Reports Received:

☐ Quarterly Narrative Report Received _____

☐ Quarterly Budget Report Received _____

☐ Annual Report Received _____

☐ Final Report Received _____

☐ Other Received _____

Time Period (mo/year): From _____ To _____

Total \$ for time period: _____

Program Coordinator Certification:

☐ Performance and documentation satisfactory for payment

Purchase Order No. _____

FY____ Index _____

Program Coordinator Signature / Date

REIMBURSEMENT REQUEST



Arizona Department of Agriculture
Specialty Crop Block Grant Program
1688 W. Adams St.
Phoenix, AZ 85007

SCBGP Grant No. _____

Grantee Name: _____

☐ Quarterly Report ☐ Annual Report

☐ Final Report ☐ Other

Time Period (mo/year): From _____ To _____

Project Title:

Identify Completed Tasks:

Total \$ for time period: _____

Grantee Certification:

I certify that this report and supporting documentation has been examined by me, and to the best of my knowledge and belief, the reported expenditures are actual and valid, based upon our official accounting records (books of accounts) and are consistent with the terms of the Grant Agreement.

Authorized Signature: _____

Date: _____

Title: _____

Program Coordinator Certification:

☐ Performance and documentation satisfactory for payment

☐ No payment due.

Comments:

Purchase Order No. _____

FY _____ Index _____

Program Coordinator Signature / Date

Annual Performance Reports



- Submit to the Program Coordinator annual written performance reports detailing the project status and how grant monies were used to achieve the expected measureable outcomes.
- Address all points listed in Appendix D “Annual Performance Reporting Requirements.”
- Annual Performance Report requirements are fulfilled in the Quarterly Report template.
- **Therefore, an Annual Performance Report is not required.**

Final Performance Reports



- A final report must be submitted to the Program Coordinator no later than forty five (45) calendar days after the Agreement termination date.
- The final report must be approved by the Program Coordinator.
- ADA will not disburse final payment until all requirements of the Agreement have been fulfilled.
- All remaining grant funds or outstanding grant funds must be reconciled.
- The final narrative report shall address all points listed in Appendix E “Final Performance Reporting Requirements.”

Failure to submit timely final reports may result in the forfeiture of final payment.

Report Identification



- Identify the Agreement number in all reports submitted to the Program Coordinator.
- The Grantee shall include the following language in all EXTERNAL reports prepared for this Agreement and in any publication generated with the financial support of the Arizona Department of Agriculture:
 - “ The Arizona Department of Agriculture, Agricultural Consultation and Training has funded all or a portion of this Project, using Specialty Crop Block Grant funds provided by the USDA, Agricultural Marketing Service.”
 - "The views or findings presented are the Grantee's and do not necessarily represent those of the State or the Arizona Department of Agriculture."

Reporting Processes



UNIVERSITY PROCESS

PRIVATE ENTITY PROCESS

REPORT SUBMISSION

University Process



- Activity reports (with total hours and dollars based on documented payrolls) sent to PI from Sponsored Projects for after-the-fact activity reporting and signature
- Signed activity reports and narrative reports submitted to Program Coordinator by PI
- All budget reports submitted directly to Program Coordinator by Sponsored Projects
- Quarterly and Final Performance Reports submitted to Program Coordinator by PI

Private Entity Process



- All reports, reimbursement requests, amendment forms, etc. submitted directly to Program Coordinator

Report Submission



- Reports, forms, etc. may be submitted to the Program Coordinator via electronic mail (preferred), regular mail or facsimile.
- Narrative portions must be submitted in Word format
- Forms requiring signatures may be submitted via fax or scanned PDF

Report Submission



- All forms are available on-line at:

<http://www.azda.gov/ACT/SCBGP.htm>

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Phoenix, AZ 85007
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QUESTIONS?

